

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM M-270)								FILING DATE 07/25/14/15	
CLAIMS									
AS FILED		AFTER SEARCHED		NOT SEARCHED					
NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.
1				1				61	
2				1				62	
3				1				63	
4				1				64	
5				1				65	
6				1				66	
7				1				67	
8				1				68	
9				1				69	
10				1				70	
11				1				71	
12				1				72	
13				1				73	
14				1				74	
15				1				75	
16				1				76	
17				1				77	
18				1				78	
19				1				79	
20				1				80	
21				1				81	
22				1				82	
23				1				83	
24				1				84	
25				1				85	
26				1				86	
27				1				87	
28				1				88	
29				1				89	
30				1				90	
31				1				91	
32				1				92	
33				1				93	
34				1				94	
35				1				95	
36				1				96	
37				1				97	
38				1				98	
39				1				99	
40				1				100	
41				1				TOTAL NO.	
42				1				TOTAL O.C.P.	
43				1				TOTAL O.C.P.	
44				1				TOTAL	
45				1					
46				1					
47				1					
48				1					
49				1					
50				1					
TOTAL NO.				1					
TOTAL O.C.P.				1					
TOTAL O.C.P.				1					
TOTAL				1					

BEST AVAILABLE COPY